

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/585817

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8	1					
9		2				
10		2				
11	1					
12		2				
13		2				
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	1	↓	0	↓	0	↓
TOTAL DEP.	58	←	0	←	0	←
TOTAL CLAIMS	59	[REDACTED]	0	[REDACTED]	0	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76	1					
77		1				
78		1				
79		1				
80		1				
81		1				
82		1				
83		1				
84		1				
85	1					
86		1				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2	↓	0	↓	0	↓
TOTAL DEP.	40	←	0	←	0	←
TOTAL CLAIMS	42	[REDACTED]	0	[REDACTED]	0	[REDACTED]